

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

Committee for Responsible Politics

(b) Address (number and street) ☐ check if different than previously reported

2618 Centennial Place

(c) City, State and ZIP Code

Tallahassee

FL

32308

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30001697

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 1 0

through

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 1 0

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 1 0

(b) Communication Title

6. The filer is a(n): (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☒No ☐

8. Custodian of Records

(a) Name

mark Herron

(b) Address (number and street)

2618 Centennial Place

(c) City, State and ZIP Code

Tallahassee

FL

32308

(d) Name of Employer or Principal Place of Business

Messer, Caparello & Self, P.A.

(e) Occupation

Attorney

9. Total Donations This Statement

200000.00

10. Total Disbursements/Obligations This Statement

150000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Mark Herron

SIGNATURE Electronically Filed by Mark Herron

DATE 09/17/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.